

Editorial

Psychiatry ethics and political intimidation

The ambiguities surrounding the treatment of mental illness have been the subject of debate for some years now. In one sense the debate is a theoretical one, an 'in fight' between rival theorists. Szasz¹, Cooper², Goffman³ and numerous other writers have uncovered the uncertainties implicit both in defining mental illness and in the offer to treat it medically. In a recent book Clare⁴ has lucidly summarised the numerous viewpoints in the range from psychiatry to antipsychiatry. The *Analysis* entry in this issue provides our readers with a philosopher's view of the status of the concept of mental disease, giving insight into both its historical roots and its contemporary ethical relevance.

But the debate is far from being merely an academic matter (in whatever sense we use that term). Dr Eliot Slater's book review of *Russia's Political Hospitals* by Bloch and Reddaway puts the theoretical issue into the sharpest focus in a moral and political context. The book's painstaking documentation leaves little room for doubt about the misuse of psychiatry for political ends in the USSR. Moreover the authors have shown the disarray among psychiatrists caused by the political machinations within the World Psychiatric Association (WPA). The picture they paint provides essential background to the question faced by Merskey's paper in this issue: what are the limits to a professional group's political neutrality?

In light of these major practical and theoretical ethical dilemmas in contemporary psychiatry the production of a Code of Ethics by the WPA must surely be welcomed, even if the move to produce it has been seen in some quarters as an attempt to side-step the political issues⁵. We are extremely fortunate in being able to publish background paper on the Code by Dr Clarence Blomquist, a former editorial correspondent of this journal. Dr Blomquist was the person responsible for preparing the draft which was presented to the meeting of the WPA in Honolulu in August 1977. We publish his paper and the full text of the Code in the hope of beginning a discussion in the *Journal*, with contributions from all psychiatric schools and shades of political opinion. We shall welcome both letters to the Editor and more extensive papers for publication in future issues.

At root, the debate surrounding the concept of mental illness is a debate about the rights of individuals who fail, or appear to fail, to conform to society's definition of normal behaviour. For this reason, it raises questions to every society's handling of its 'deviant' members. We can see this very plainly in the enforcement of ideological conformity by totalitarian regimes in which 'ill' is made synonymous with 'politically in error'. Such misuse of the medical categories of diagnosis and treatment must always be exposed and unhesitatingly condemned. But we must also remember that exposing the faults of others is the easiest of moral actions. Western liberal democracies do not incarcerate political dissidents in psychiatric prison hospitals. But their record in coping with deviance is far from a happy one. No doubt ineptitude and apathy, in societies faced with social disintegration, are lesser sins than the inhumane imposition of political dogma. But for such libertarian societies too the moral question must be posed: how, in the psychological conditions created by our modern life-styles, can the individual find freedom and health?

References

- ¹Szasz, T (1973) *Ideology and insanity* London Calder Boyars.
- ²Cooper, D (1951) *Psychiatry and anti-psychiatry*, St Albans, Herts, Paladin.
- ³Goffman, E (1961) *Asylums*, New York, Anchor.
- ⁴Clare, A (1976) *Psychiatry in descent*, London Tavistock.
- ⁵Lader, M (1977) *Psychiatry on trial*, Harmondsworth, Penguin.

Case conference

The first issue of this journal was published in April 1975. One of our regular features since the first issue has been *Case conference*. Although the format has varied, the aim of the series has remained the same: to keep our exploration of medical ethics firmly grounded in real situations in which moral choices have had to be made. We are conscious that the range of cases covered so far represents only a tiny sample of situations which doctors, nurses and health service administrators encounter in day to day practice. For this reason we invite any of our readers to send descriptions of cases to the Editor of the series, whose address appears overleaf from the title page of the *Journal*. We have received contributions from readers in the past, notably the one